

supervisors, or other individuals may refer potentially impaired providers to the Company Commander who will coordinate CCC enrollment.

Aftercare/Follow-up Care: Upon completing rehabilitation at an Alcohol Treatment Facility (ATF), the active duty PROVIDER will begin a mandatory nonresidential follow-up treatment program in CCC for the remainder of one year as per Army regulations. An aftercare/follow-up care plan will be developed, coordinated and signed upon the provider's return from the ATF.

Monitoring During Aftercare/Follow-up Care:

- 1) Evidence of compliance will be presented to the PHP monthly for one year after discharge from a residential treatment facility (RTF) or entry into treatment. Beyond the first year, frequency of reporting will be at least quarterly. For providers with drug related problems, results of monthly toxicology screens will be provided at least quarterly by the CCC.
- 2) In the event of relapse, CCC or the involved supervisor will immediately notify the Chairman, PHP. A recommendation will be sent to the Chairperson, Credentials Committee that the provider be immediately suspended from clinical duties until a full assessment can be accomplished.

Reports:

- 1) The case manager at the CCC will submit monthly written reports to the PHP for the first twelve months and as contracted thereafter while the provider is in aftercare or follow-up care.
- 2) The immediate supervisor will submit monthly reports to the PHP for the first 12 months. Reports are completed at least quarterly during the second year.
- 3) Individuals monitoring impaired providers will notify the supervisor and the PHP immediately upon any sign of relapse or failure to follow the treatment and/or aftercare plan.
- 4) Monthly progress reports will be submitted to the Credentials Committee on any impaired provider who is individually privileged.
- 5) Reports will be provided to the USAMH Commander on a regular basis through the committee minutes.
- 6) For non-individually privileged providers whose practice is restricted, the credentials office prepares a DD

Form 2499 for submission to higher command.
7) For the individually privileged providers with adverse credentialing action, the Credentials Office will prepare DD Form 2499 for submission to higher command.

RECORDS. PHP records will be maintained in the USAMH Credentials Office. The documents of the Provider Health Program are considered Quality Assurance documents and as such are protected under Title 10 USC, Section 1102 (b). Unauthorized disclosure is prohibited.

REFERENCES:

- a. 10 United States Code Section 1102, Confidentiality of Medical Quality Assurance Records: Qualified Immunity for Participants
- b. Army Regulation (AR) 40-68, Quality Assurance Administration, 20 Dec 89.
- c. AR 600-85, Army Substance Abuse Program (ASAP), 1 Oct 01.
- d. AR 614-5, Stabilization of Tours, 1 Apr 84.
- e. Department of Defense Directive (DoDD) 6490.1, Mental Health Evaluations of Members of the Armed Forces, 1 Oct 97.
- f. Department of Defense Instruction (DoDI) 6490.4, Requirements for Mental Health Evaluations of Members of the Armed Forces, 28 Aug 97.
- g. US Army Medical Command (MEDCOM) Regulation 40-38, Command-Directed Mental Health Evaluations, 1 Jun 99.
- h. Public Law 91-513, The Comprehensive Drug Abuse Prevention and Control Act of 1990.
- i. Joint Commission on Accreditation of Healthcare Organizations (JCAHO), current edition.
- j. USAMH Memorandum 1-1, Committees, Boards and Councils, current edition.
- k. USAMH Pamphlet Number 40-108, USAMH Bylaws, Rules and Regulations of the Medical Staff, current edition.

PROPONENT. Questions or comments regarding this pamphlet and policy should be referred to the Commander, U.S. MEDDAC, Heidelberg, CMR 442, ATTN: DCCS, APO AE 09042.

PROVIDER HEALTH PROGRAM (PHP)

in the
Heidelberg
Medical Community



U.S. Army Hospital Heidelberg

"YOUR TRICARE EUROPE HOSPITAL"

USAMH PAM 40-105 MAY 2002

PURPOSE: USAMH recognizes it has a responsibility to aggressively treat, and provide care in a non-punitive fashion for those disorders that adversely affects a patient care provider's health as well as his or her ability to carry out their duties.

APPLICABILITY: This memorandum is applicable to all providers assigned or attached to the USAMH, which includes the hospital and outlying health clinics, who are involved in patient care, regardless of rank, affiliation, or professional degree.

RESPONSIBILITIES:

Deputy Commander for Clinical Services (DCCS) : Credentialed providers impaired by drug, alcohol, or other substance abuse, physical and mental problems will be individually managed by the DCCS. The DCCS will activate the ad hoc PHP Committee if it is decided that clinical privileges should be modified.

Provider Health Committee (USAMH Memo 1-1)

- 1) Advise the USAMH Commander, regarding the management and oversight of the provider impaired by medical or psychiatric problems which may limit clinical performance.
- 2) Serve as an advocate both for the provider and for the patients under his/her care to promote fair and equitable treatment of all providers.
- 3) Educate supervisors of their responsibilities in dealing with the provider's possible impairment.
- 4) Ensure appropriate and timely coordination between the Provider Health Committee and the Credentials Committee.
- 5) Coordinate reporting of impaired providers (IP) via through established channels. (USAMH, Heidelberg to MEDCOM).
- 6) Consult the USAMH Legal Advisor for guidance prior to confrontation of providers on possible criminal violations or other areas of legal concern.
- 7) Review the evaluations from the Community Counseling Center (CCC) and/or treating physician of any provider staff member referred to the PHP for evidence of impairment.
- 8) Recommend facility-specific procedures for the management of IPs.
- 9) Recommend restrictions on the clinical practice for the impaired providers and forward them to the

- USAMH Credentials Committee if involving a privileged provider. Recommendations for all others will be provided directly to the USAMH Commander.
- 10) Design a staff development plan incorporating elements of impairment prevention, education about provider impairment, and well-being issues.
 - 11) Monitor the progress with the DCCS of the impaired individuals during treatment, through aftercare, until the completion of the ongoing monitoring phase.
 - 12) Meet with each IP to notify them that they are being followed by the committee, to explain the purpose of the committee, and to answer questions. This notification will be documented in writing and will be kept on file with other Impaired Provider documents and which is similarly protected from disclosure.
 - 13) Recommend an individualized plan for the gradual return to full clinical practice for each IP staff member who has completed treatment.
 - 14) Meet with each IP after their treatment program concludes to clarify implications for future practice and the risks of treatment relapse.

Clinic Commander/Medical Company

Commander: Responsible for initiating any investigations of possible criminal conduct. They will also be responsible for sending referrals to the CCC for any provider/soldier whom they suspect/identify as having possible impairment due to drug or alcohol problems.

USAMH Staff: Responsible for cooperating with the PHP Program in accordance with AR 40-68 and USAMH Memorandum 40-105. Supervisors will refer to CCC any provider suspected of having potential drug or alcohol problems. Supervisors will also refer to the PHP any provider suspected of having potential impairment as defined in the policies.

Community Counseling Center (CCC):

Immediately report to the chairman of the PHP any provider who is identified as having potential impairment.

GENERAL MANAGEMENT OF IMPAIRMENT

Case Identification. All active duty providers are required by AR 40-68 to report providers known or

suspected of having a medical or psychiatric problem that impairs (or could potentially impair) clinical performance. The PHP will ensure the Clinic Commander/Department/Service Chief is informed and will serve as a resource to the Department/Service Chief regarding recommendations concerning monitoring or employee confrontation. The PHP will request/coordinate the following:

- 1) Monitoring if there is no clear evidence of impairment.
- 2) Company Commander, Civilian Personnel Office, or Contracting Representative will be notified for civilian personnel as appropriate.
- 3) Confront the IP with evidence
- 4) Obtain a statement of diagnosis, prognosis, and implications on clinical performance

This information will be utilized by the PHP to make recommendations on limiting clinical practices and notify USAMH Commander/Credentials Committee

For Alcohol and Drug abuse cases: The supervisor will provide a memorandum for record to the PHP describing the evidence, the future expectations as given to the provider and the provider response. The supervisor will document on DA Form 3881, Rights Warning Procedure/Wavier Certificate that the provider has been advised of his rights under Article 31, Uniform Code of Military Justice (UCMJ), the Fifth Amendment to the U.S. Constitution, or Host Nation (HN) law, as appropriate. The provider will not, under any circumstances, be questioned about the impairment without the appropriate guidance from the USAMH Legal Advisor and preparation and signing of the DA Form 3881. For active duty personnel, if the potential exists for identifying criminal misconduct, the action will be coordinated with the individual's Company Commander and Judge Advocate General (JAG) Office.

Intervention. Intervention will be used when the behavior that impairs or potentially impairs clinical performance is clearly related to alcohol or other drug abuse or dependence. The provider will be removed from direct patient contact until the PHP committee determines that the problem is satisfactorily controlled.

Coordination of Treatment. Treatment will be coordinated through the CCC for active duty or civilian personnel under the provisions of AR 600-85, Army Substance Abuse Program. Health care providers,